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7590 11/24/2006
KILPATRICK STOCKTON LLP
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JANICE L. GREENE
 (Signature)
Janice L. Greene
FEBRUARY 2 2007
 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/734,654	12/12/2003	Mark T. Muldoon	19596-0562 (45738-294842)	9327

TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR DETECTING ANIMAL BYPRODUCT IN FEED

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	02/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
COUNTS, GARY W	1641	435-007100

1. Change of correspondence address or indication of "Fee Address". (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<i>KILPATRICK STOCKTON LLP</i>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

STRATEGIC DIAGNOSTICS INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

NEWARK, DE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>11-0855</u> (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Janice L. Greene

Date FEBRUARY 2 2007

Typed or printed name

JANICE L. GREENE

Registration No. 32,467

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